



Attorney Docket No. WJRA-10002/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel R. Warner

Serial No.: 10/634,382

Group Art Unit: 3643

Filed: August 5, 2003

Examiner: Son T. Nguyen

For: FROST COVER

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 23, 2004, please amend the application as follows.



06-24-04

IFW

| | | | | | |
|--|--|--|--|------------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. WJRA-10002/01 | |
| Applicant(s): Joel R. Warner | | | | | |

| | | | | | |
|-------------------------------|---------------------------|---------------------------|-----------------------|------------------------|--------------------------|
| Application No. 10/634,382 | Filing Date 08/05/2003 | Examiner Son T. Nguyen | Customer No. 25006 | Group Art Unit 3643 | Confirmation No. 8157 |
|-------------------------------|---------------------------|---------------------------|-----------------------|------------------------|--------------------------|

Invention: **FROST COVER**

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|-------------------------------------|-----------------------------|--------------------------------|---------|-------------------|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 16 - | 20 = | 0 x | \$9.00 | \$0.00 | |
| INDEP. CLAIMS | 2 - | 3 = | 0 x | \$43.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |

☒ No additional fee is required for amendment.

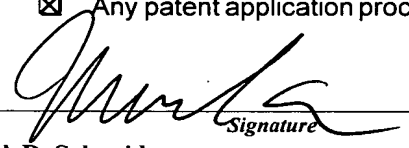
☐ Please charge Deposit Account No. _____ in the amount of _____

☐ A check in the amount of _____ to cover the filing fee is enclosed.

☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.


Signature

Mark D. Schneider
Reg. 43,906
Gifford, Krass, Groh, Sprinkle,
Anderson & Citkowski, P.C.
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009
248-647-6000

Dated: June 23, 2004

| |
|---|
| I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |
| Signature of Person Mailing Correspondence |
| Typed or Printed Name of Person Mailing Correspondence |

CC: